

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-005131

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

AMENDED

Registration District No. 333 Primary Registration District No. 3014 Registrar's No. 28

FILED FEB 5 1962

1. PLACE OF DEATH a. COUNTY <u>Scott</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Stoddard</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Sikeston</u>			Length of stay in 1b <u>1 day</u>		c. CITY OR TOWN <u>Dexter</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Delta Community Hosp.</u>				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u></u>	
3. NAME OF DECEASED (Type or print) First <u>Ella</u> Middle <u>May</u> Last <u>Smith</u>		4. DATE OF DEATH Month <u>January</u> Day <u>25</u> Year <u>1962</u>					
5. SEX <u>female</u>	6. COLOR OR RACE <u>white</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>5-15-1886</u>	9. AGE (last birthday) <u>75</u>	IF UNDER 1 YEAR Months <u></u> Days <u></u>		IF UNDER 24 HR Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>housewife</u>		11. BIRTHPLACE (City and state or country) <u>Golconda, Ill.</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Henry Hart</u>		13b. MOTHER'S MAIDEN NAME <u>Charity Bean</u>		14. NAME OF HUSBAND OR WIFE <u>Elsie Smith</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown); (If yes, give war or dates of service) <u>no</u> <u>XXXXXX</u>		16. SOCIAL SECURITY NO. <u></u>		17. INFORMANT <u>Elsie Smith</u> Address <u>Dexter, Mo.</u>			
18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Myocardial Infarction &amp; massive hemorrhage</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u> DUE TO (c) <u>Hypertension</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I. <u>Left hemiplegia</u>				INTERVAL BETWEEN ONSET AND DEATH <u>6 hours</u> <u>7 years</u> <u>5 years</u>			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u></u>			
20c. TIME OF INJURY Hour <u></u> a.m. <u></u> p.m. <u></u>		Month, Day, Year <u></u>					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u></u>		20f. CITY, TOWN, OR LOCATION <u></u>		COUNTY <u></u>	STATE <u></u>
21. I attended the deceased from <u>3/26/60</u> to <u>Jan 25/62</u> and last saw her/him alive on <u>1/25/62</u> Death occurred at <u>8 P.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <u>[Signature]</u> (Degree or title) <u></u>				22b. ADDRESS <u>[Signature]</u>		22c. DATE SIGNED <u>1-27-62</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		23b. DATE <u>1-29-62</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Dexter Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Dexter, Mo.</u>	
24. FUNERAL DIRECTOR <u>Watkins &amp; Sons</u> ADDRESS <u>Dexter, Mo.</u>				25. DATE RECD. BY LOCAL REG. <u>Feb 1, 1962</u>		26. REGISTRAR'S SIGNATURE <u>Jeanette Waldman</u>	

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

FEB 15 1962

### STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Marsh Watkins

*no permit*

Licensed Embalmer No. 4717

P. O. Address Dexter, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.